

Application for Continuing Assessor Education Program

Wisconsin Department of Revenue
Committee on Continuing Assessor Education
PO Box 8971 • 2135 Rimrock Road MS 6-97
Madison WI 53708-8971
(608) 266-7750
bapdor@revenue.wi.gov

To be considered for approval, this application must be completed and submitted to the Department of Revenue at least **30 days** prior to the commencement of the program. The program must be a minimum of 2.5 hours in length and be *appraisal or property tax law/management* instruction as defined in Tax 12.065 of the Wisconsin Administrative Code.

Program Title		Program Date
Program Location		
Sponsor Name		Email Address
Coordinator Name	Email Address	Telephone
Instructor Name	Email Address	Telephone

PROGRAM CONTENT

Attach an outline with headings broken down into subdivisions representing 15 to 60 minute blocks of time, depending on the overall length of the program. When programs are a combination of Appraisal and Law/Management instruction, the type of instruction must be indicated on the outline. Clearly indicate starting, ending and break times.

_____ Hours – Appraisal instruction

_____ Hours – Law/Management instruction

Check the method of instruction.

- ☐ Lecture ☐ Powerpoint ☐ Panel Discussion ☐ Hand's On ☐ Internet Based
- ☐ Other, Explain:

Describe instructor's qualifications (experience and employment).

Does the instructor hold a Wisconsin assessor certification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what level(s)?	<input type="checkbox"/> Technician <input type="checkbox"/> Assessor - 1 <input type="checkbox"/> Assessor - 3 <input type="checkbox"/> Appraiser <input type="checkbox"/> Assessor - 2	
Is membership in your organization necessary to program enrollment?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:		
Is enrollment open to all regardless of race, color, creed, religion, sex, of national origin?		<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE Program sponsors or their designees are responsible for monitoring attendance and submitting, **within 10 days of the conclusion of the program**, a certificate to the certified individuals who attended the program, and a notarized roster of these individuals to the Department of Revenue.

I hereby certify that all statements made on this application are true to the best of my knowledge.

Name <i>(please print)</i>	Title
Signature	Date

FOR DEPARTMENT OF REVENUE USE ONLY – DO NOT WRITE IN THE AREA BELOW
<div style="margin-bottom: 10px;"><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Not Approved. Reason:</div>